Labor Organization Officer and Employee Report







This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines and civil penalties as provided by 29 U.S.C. 439,440.

Form approved – OMB No. 1215-0188 Expires 07-31-2004

Name and address of person filing		2. Name and address	of labor organization
Susan Cowell, Vice President UNITE General Office 275 Seventh Avenue, 11th Floor New YOrk, NY 10001			
3. Position in labor organization	4. Date fiscal year	t ended	5. File number (if assigned)
. Tourist in mass organization	12/31/2002		None 41950
inter appropriate data below if, during the pareers (except as specified in the exclusions	st fiscal year, you or y	our spouse or minor chil	d directly or indirectly had any of the following in-
	ns (including loans) wit	th, or derived income or	other economic benefit of monetary value from an
i. Name of Employer UNITE	Address of Employer 275 Seventh Avenue, 11th Floor New York, NY 10001		
7. Nature of Interest, Transaction or Income			
Member of the Board of Director	rs of Amalgamated	Bank and Sharehold	er of same
from, selling or leasing to, or otherwise deali	ing with the business of a consists of buying from	an employer whose empk n or selling or leasing direc	ess (1) a substantial part of which consists of buying oyees your labor organization represents or is actively thy or indirectly to, or otherwise dealing with your labor
. Name of business		Address of business	
Amalgamated Bank Of New York		15 Union Square New York, NY 10003	
. Business deals with—		10. If 9B or 9C is chec	ked give trust or employer's name
☐ A. Labor Organization ☐ B. Trust	C. Employer		
Nature and approximate dollar value of such of su			
5 Class A/Voting Shares and 5 Ar	emco/Preffered B	Shares valued at \$3	05.00 per share
2. Nature of interest held or income received			
\$120.28			NS DOC. SA
			((000000))
			(8. E.)
-			WE DEED!
Received from any employer (other than a any payment of money or other thing of value	an employer covered ur	nder parts A and B above)	or from any labor relations consultant to an employe
Name and address of employer	or consultant	14. Nature of payment	1 .
None		N	
Nobe		None	
IF MO	RE SPACE IS NEEDEL	D ATTACH ADDITIONAL	SHEETS
	erred to in this report, h	as been examined by him	law, that all of the information in this report, including and is, to the best of his knowledge and belief, true
igned: 0 00000 COOL	at New York	, NY	on10/22/03
	City		State